

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8	✓					
9	1					
10						
11						
12						
13						
14						
15						
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20						
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23						
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25						
26						
27	1					
28	✓	1				
29						
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34	6					
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43						
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45						
46						
47						
48						
49	✓					
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↔		↔	↔
TOTAL CLAMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	1					
53						
54	1					
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95						
96						
97						
98						
99						
100						
TOTAL IND.		9		↓		
TOTAL DEP.		45	↔		↔	↔
TOTAL CLAMS		54				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS